PENNSYLVANIA COMMERCIAL AUTO

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AGENCY CUSTOMER ID: MOTOR CARRIER SECTION COVERAGES COVERED AUTO SYMBOLS LIMITS PHYSICAL DAMAGE COVERED BI EA PER \$ COVERAGES LIMITS **DEDUCTIBLE** 67 CSL 61 62 68 BI EACH ACCIDENT 62 67 LIABILITY COMP / OTC 63 71 PROPERTY DAMAGE 63 68 \$ 64 64 MED EXP \$ FUNERAL \$ LSF 62 SCI FT FIRST PARTY 65 67 BENEFITS WK LOSS \$ ACC DTH \$ SPECIFIED F FTW 63 68 67 CAUSES OF LOSS TORT OPTION 65 67 LTD **FULL** 64 COMBINATION TOTAL BENEFIT LIMIT \$ 62 67 65 FIRST PARTY FUNERAL \$ ACC DEATH \$ BEN COLLISION 63 68 \$ 67 EXTRAORD MED BEN 65 67 64 62 64 63 MEDICAL TOWING **EACH PERSON** PAYMENTS & LABOR 67 67 63 62 66 CSL TRAILER INTERCHANGE UNINSURED MOT # TRAILERS FARTH COVERAGES SYMBOL # DAYS RADIUS DEDUCTIBLE STACKED 63 67 BI EACH ACCIDENT NON-STKD 64 COMP / OTC BI EA PER \$ 62 70 **UNDERINS MOT** 66 CSL STACKED 63 67 BI EACH ACCIDENT 69 SPECIFIED CAUSES OF LOSS NON-STKD 64 70 YES STATES COST OF HIRE IF ANY BASIS 69 NON-TRUCKERS COLLISION \$ HIRED / BORROWED NO 70 **TRUCKERS** TRAILER VALUE YES STATES COST OF HIRE IF ANY BASIS \$ HIRED / BORROWED NO STATES # DAYS # VEH LIABILITY YES STATES **GROUP TYPE** NUMBER OF NON-OWNED NO HIRED **EMPLOYEES** AUTO **PHYSICAL** LIABILITY VOLUNTEERS DAMAGE **PARTNERS** OTHER PRIMARY COVERAGE IS: SECONDARY OTHER **COVERED AUTO SYMBOLS** (67) SPECIFICALLY DESCRIBED AUTOS (70) YOUR TRAILERS IN THE POSSESSION OF (64) OWNED COMMERCIAL AUTOS ONLY (61) ANY AUTO (65) OWNED AUTOS SUBJECT TO NO-FAULT (68) HIRED AUTOS ONLY ANOTHER TRUCKER UNDER A TRAILER (62) OWNED AUTOS ONLY INTERCHANGE AGREEMENT (66) OWNED AUTOS SUBJECT TO A COMPUL-(69) TRAILERS IN YOUR POSSESSION UNDER (63) OWNED PRIVATE PASS AUTOS ONLY SORY UNINSURED MOTORIST LAW A TRAILER INTERCHANGE AGREEMENT (71) NON-OWNED AUTOS ONLY ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) SIGNATURE PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE

PRODUCER'S SIGNATURE

NATIONAL PRODUCER NUMBER

DATE